

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 01/07/2015
NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6975 BURLINGTON PIKE FLORENCE, KY 41042		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS An offsite revisit was conducted and based on the acceptable Plan of Correction (POC), the facility was deemed to be in compliance as alleged on 12/22/14.	{F 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER FLORENCE PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6975 BURLINGTON PIKE FLORENCE, KY 41042
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F 000 INITIAL COMMENTS

An Abbreviated Survey investigating KY00022470 was initiated on 11/17/14 and concluded on 11/20/14. KY00022470 was substantiated with related deficiencies cited with the highest Scope and Severity of an "F".

F 253 SS=E 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, review of the facility's job descriptions and policy, it was determined the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

Observation during initial tour of the facility's shower rooms revealed cracked, broken or missing tiles; three (3) of the three (3) shower rooms contained dark brownish black substance in the grout between the tiles.

The findings include:

Review of the facility's, "Housekeeping" schedule document, undated, revealed housekeeping tasks on the units included cleaning the shower room which involved sweeping and mopping the floors, cleaning the stalls and wiping the walls as needed.

F 000

12/31/2014

F 253

F253 483.15(h)(2) Housekeeping and Maintenance Services. The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortable interior.

- a. A house wide in-service was conducted on 11/18/14, 11/19/14 and 11/20/14 by the Acting Director of Nursing and Nurse Managers on the proper procedure for reporting maintenance concerns or the need for service repairs, reporting hazard conditions and/or the need for equipment repair to the proper personal. The inservice was provided to all nursing staff, environmental service staff, activities and dietary staff.
- b. The cracked, missing, broken tiles were replaced on in the Memory Care Unit on the columnar wall divider area at the base of shower stall #2, and in the Long Term Care unit shower room in shower stall #2 on 11/18/14 and 11/19/14, by the maintenance director.
- c. The grout was thoroughly cleaned by the housekeeping supervisor and was without brownish black substances on, 11/18/14 and 11/19/14 in all shower stalls on all units.
- d. On 11/19/14 a house-wide audit was conducted on all shower rooms to ensure that there were no other areas of broken, cracked or missing tile. The audit was performed by the Administrator.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE
Administrator

(X6) DATE
12/31/14

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F 253	<p>Continued From page 1</p> <p>Review of the facility's, "Housekeeping Aide" Job Description, dated 12/31/97, revealed the functions of the job included: cleaning, washing and sanitizing walls within the facility; and removing dirt, grease, dust and film from surfaces. Continued review revealed the Housekeeping Aide was to ensure work areas were maintained in a clean and sanitary manner.</p> <p>Review of the facility's, Certified Nursing Assistant (CNA) Job Description, dated 12/31/97, revealed CNAs were to maintain and ensure work areas and nursing treatment areas were clean and sanitary. Further review revealed staff were to report hazardous conditions and equipment.</p> <p>Observation on 11/18/14 at 9:35 AM, during the initial tour of the facility's Rehabilitation (Rehab) Unit, and additional observation on 11/19/14 at 9:30 AM, revealed a brownish black discoloration in the grout lines between the tiles in shower stall #2.</p> <p>Observation on 11/18/14 at 9:50 AM, during the initial tour of the facility's Memory Care Unit shower room, and observation on 11/19/14 at 9:15 AM, revealed a brownish black discoloration in the grout lines between the tiles in shower stall #2 and #3. Further observation revealed cracked and missing blue tile on the columnar wall divider area at the base of shower stall #2.</p> <p>Observation on 11/18/14 at 10:30 AM of the facility's Long Term Care (LTC) Unit shower room revealed the brown ceramic floor tile contained a large crack dividing the tile into two (2) pieces. Continued observation revealed cracked wall tile in shower stall #2. Further observation on 11/19/14 at 8:35 AM, revealed the LTC Unit's</p>	F 253	<p>e. On 11/19/14 a house-wide audit was conducted on all shower rooms by the Administrator, to ensure that there were no areas on the tile that contained a brownish black substance within the grout.</p> <p>f. A QA's for continuously monitoring cleanliness and orderliness of Shower rooms were initiated on 11/21/14 and will be done daily until January 31st, 2015 by the Unit Managers and the Director of Housekeeping and then twice a week for 3 months by the Unit Managers and the Director of House Keeping and then weekly thereafter by the Housekeeping Director and Unit Managers until 100% compliant.</p> <p>g. Although a detailed schedule was used by the environmental staff on what needed to be completed while cleaning the shower rooms, a policy was instituted on the</p>		

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F 253 Continued From page 2

shower room, stall #2 and #3 contained a brownish black substance in the grout lines between the tiles.

Interview with Housekeeper #2 on 11/18/14 at 11:30 AM, revealed she cleaned the shower rooms every day including: the toilet and sink; sweeping and mopping the floors; and bleaching the shower stalls and tiles. Housekeeper #2 revealed if she found something in need of repair, she notified maintenance or filled out a work order for maintenance. Continued interview revealed she was unaware of what the brownish black substance was in the grout between the tiles. Per interview, she scrubbed the shower stalls with bleach and it was not taking removing the brownish black substance. She stated she had reported to the Director of Housekeeping the shower stall tile grout was not clean; however, could not recall when she had reported it. Additional interview revealed she had just noted the cracked tile that day and would be reporting it for maintenance to repair.

Interview with Housekeeper #1 on 11/18/14 at 9:55 AM, revealed she cleaned the shower room first thing in the morning, and she was aware of the brownish black substance in the grout lines between the tiles. She stated even though she cleaned the tiles and grout the brownish black substance would not come off. Further interview revealed she had observed the cracked and missing tile; however, could not recall if she had reported it.

Interview with State Registered Nursing Assistant (SRNA) #3 on 11/18/14 at 10:30 AM, revealed the cracked tile on the floor should have been reported; however, she had not noticed the

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process and all housekeepers were educated on the policy on 12/15/14.

h. The shower room auditing tool was revamped to include monitoring the cleanliness of the grout and monitoring for broken, cracked or missing tile and also the cleanliness of the shower chairs.

i. There were no negative outcomes to any resident neither as a result of the shower rooms having cracked, broken or missing tiles nor from a dark brownish black substance in the grout of tiles in the shower rooms. This was evidenced by individual resident interviews and physical assessments which were silent to any new physical or psychosocial concerns.

j. The QA sheets will be given to the Administrator by the housekeeping/laundry supervisor and kept on file. Any issues noted will be addressed immediately by the staff. The Administrator will review the audit sheets and address any issues noted as soon as possible. The audits will be reviewed by the QA committee at the quarterly meeting and analyzed for compliance.

k. The Administrator will ensure continued compliance.

Alleged Date of Compliance: 12/22/14

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F 253	Continued From page 3 broken floor tile when giving residents' their showers. SRNA #3 revealed when equipment was broken a work order was completed or maintenance was informed. Further interview revealed she should have seen the cracked tile and reported it. Interview with SRNA #4 on 11/19/14 at 4:40 PM, revealed grout in the shower occasionally was brownish black, and she had seen housekeeping staff clean the areas, but it came back afterwards. Further interview revealed all residents should have a clean and homelike environment including the shower rooms. Interview with SRNA #5 on 11/20/14 at 9:05 AM, revealed the brownish black substance in the grout between the tiles should not be there, and housekeeping was responsible for cleaning the grout. Per interview, the appearance of the grout line with the brownish black substance, and the broken tiles were not a homelike environment for the residents. SRNA #5 stated these concerns should have been reported to maintenance. Interview with SRNA #6 on 11/20/14 at 9:30 AM, revealed things like broken tiles or equipment should be reported to a Supervisor and the area "blocked off" so residents didn't get hurt. SRNA #6 revealed the grout lines between the tiles should not have the brownish black substance on them. She stated she was not sure if housekeeping cleaned those areas or not. Continued interview revealed she would not expect her house to look like that, so why should the residents' home look that way. Per interview, this was not a homelike environment for residents.	F 253			

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F 253 Continued From page 4

Interview with LPN #4 on 11/20/14 at 8:30 AM, revealed work orders were to be put in the computer for broken tiles and equipment. Further interview revealed the brownish black substance on the grout line between the tiles was not a homelike environment for residents, as having that on the grout line between tiles in her home would not be acceptable.

Interview with the Housekeeping Supervisor on 11/19/14 at 1:25 PM, revealed staff used bleach and sometimes vinegar after the bleach to scrub the grout between the tiles; however, the brownish black substance did not go away. Per interview, the Housekeeping Aides cleaned the shower stalls daily, and deep cleaning was performed every month. Continued interview revealed the facility had no policy specific to cleaning shower rooms, although they used the unit specific schedule she was trying to come up with a better schedule. Additionally, she reported when tile or equipment was broken, she verbally reported this to maintenance. The Housekeeping Supervisor stated her expectations were for the tile be cleaned, and she expected her staff to report any broken tiles for the safety of the residents.

Interview with the Maintenance Assistant on 11/19/14 at 12:50 PM, revealed he helped replace tile on floor on 11/18/14 which was cracked; however, had not been aware until he was asked to help repair it. He revealed when a work order came in, his supervisor handed the e-mails to him and repairs were prioritized by severity. Continued interview revealed maintenance staff did do routine maintenance and tried to make repairs as time allowed. Per interview, the broken tile should have been reported to

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F 253 : Continued From page 5
maintenance by housekeeping or nursing staff.

F 253 :

Interview with the Director of Maintenance/Housekeeping/Laundry on 11/20/14 at 10:30 AM, revealed the tile on the Memory Care Unit was replaced on 11/18/14; however, maintenance had never received a work order on any of the broken tile areas prior to that. He stated usually a SRNA would report concerns such as those observed to maintenance staff verbally. Per interview, the facility's process for work orders would be for a SRNA to tell a nurse who would complete a work order in the facility's computer. Continued interview revealed the brownish black substance in the grout lines between the tiles could be mold or mildew, and bleach was used on the grout. The Director stated it was a matter of housekeeping staff getting a scrub brush in there to get the substance off the grout. He revealed housekeeping staff had reported to him the bleach used on the tiles and grout was not working. According to the Director, during his maintenance audits he apparently missed the brownish black substance in the grout between the tiles and the broken tiles. Review of the Director's audit tool revealed areas in shower rooms to be audited were: walls and tiles to be clean; the shower bed and shower chairs were to be cleaned; and the floors mopped and free of substances; however, review revealed the grout between the tiles and the broken tiles was not addressed on the audit tool. Further interview with the Director revealed the Maintenance/Housekeeping audits showed few consistent problems, and staff would have to do rounds two (2) times a day now. Per the Director, the Audit tools were given to the Administrator after completion.

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F 253 | Continued From page 6

Interview with the Acting Director of Nursing (DON) on 11/18/14 at 3:35 PM and on 11/20/14 at 2:45 PM, revealed maintenance had been working on the tile areas in the shower rooms after the State Agency Surveyor entered the facility. Per interview, the shower rooms with the brownish black substance in the grout and the broken tiles was not a homelike environment for residents. The Acting DON stated the facility had unit managers monitoring the shower rooms now, and staff had been in-serviced regarding the concerns identified.

Interview with the Administrator on 11/20/14 at 4:00 PM, revealed his expectations were the shower rooms to be clean, and the tile and grout concerns should be corrected and fixed. Further interview revealed the broken tiles and brownish black substance in the grout between the tiles was not a homelike environment for residents. Per interview, revealed the facility was conducting audits quarterly now; however, he stated the audits needed to be performed weekly again.

F 323 | 483.25(h) FREE OF ACCIDENT
SS=E | HAZARDS/SUPERVISION/DEVICES

The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

This REQUIREMENT is not met as evidenced by:

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F323 Free of Accident Hazards/Supervision/Devices

The Facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.

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F 323	<p>Continued From page 7</p> <p>Based on observation, interview, record review, review of the facility's policy, and review of the facility's Census and Condition Report, it was determined the facility failed to ensure the environment remained as free of accidents hazard as was possible for residents.</p> <p>Observation during initial tour of the facility revealed the cabinets in the shower rooms on the Memory Care, Rehabilitation (Rehab) and Long Term Care (LTC) Units to be unsecured, and to contain potentially harmful chemicals in each shower room. Continued observation on the Rehab Unit revealed the door to the shower room propped open.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, "Procedure for Maintaining and Storing Hazardous Chemicals", undated, revealed the purpose of the policy was to promote awareness and identify all hazardous and toxic materials to keep residents safe. Further review revealed all chemicals in shower rooms were to be locked up when not in use.</p> <p>Review of the facility's Census and Condition Form revealed of the facility's ninety-nine (99) residents with Dementia, twelve (12) residents could move independently about the facility. Review of the facility's list of residents who wandered and had a Brief Interview for Mental Status (BIMS) score of eight (8) or less, which indicated severe cognitive impairment, revealed the twelve (12) residents included Unsampled Residents A, B, C, D, E, F, G, H, I, J, K, L.</p> <p>Observation on initial tour on 11/18/14 at 9:35 AM, of the Rehab Unit shower room revealed the</p>	F 323	<ol style="list-style-type: none"> No residents were adversely affected from the alleged deficient practice. This is evidenced by completed general physical assessments on all in house residents which were silent to any new physical concerns due to the unlocked cabinets and shower room doors. On 11/18/14, the cabinets in the shower room on Memory Care Unit, Rehab Unit, and LTC Unit were immediately locked and secured by the unit's Unit Managers. On 11/18/14, the doors to the shower rooms on Memory Care Unit, Rehab Unit, and LTC Unit were immediately locked and secured by unit's Unit Managers. On 11/18/14, a facility wide audit was completed on Memory Care Unit, LTC, and rehab shower room to assure all cabinets that housed chemicals were locked and shower doors were secured and locked by: Unit Managers, Maintenance Director Active Director of Nursing, and Administrator On 11/19/14, the Maintenance Director tightened the hydraulic hitch to Memory Care, LTC, and rehab shower room doors. All staff were in-serviced on 11/18, 11/19, and 11/20 on storage of hazardous chemicals and keeping shower rooms locked by the Memory Care Unit Manager, Rehab Unit Manager, LTC Unit Manager, and MDS nurses. A QA will be conducted by Memory Care Unit Manager, Rehab Unit Manager, and LTC Unit Manager or the designee, the Director of Nursing, daily on chemicals are locked in cabinet in shower room when not in use, shower room door is secured and locked, to assure that shower chairs and shower bed are free from tears and cracks, that tile and grout are free of any substance, and to assure ointments or powders are discarded or sent home with discharged residents. Duration is daily until 1/31/15 then 2 times a week for 3 months then weekly until 100% compliance is met. The Administrator will ensure compliance. <p>Alleged Date of Compliance: 12/22/14</p>	

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F 323	<p>Continued From page 8</p> <p>door to the shower room to be propped open, and the storage cabinet located inside to be unsecured. Observation revealed the unsecured cabinet contained: four (4) bottles of McKesson hand sanitizer; three (3) cans of Dawnmist Shave Cream; one (1) bottle of Coloplast Micro-Guard Antifungal Powder with 2% miconazole, unlabeled; one (1) spray can of Lysol IC Disinfectant; and one (1) six (6) ounce aerosol Puricit Odor Eliminator.</p> <p>Observation on initial tour on 11/18/14 at 9:50 AM, of the Memory Care Unit shower room revealed the storage cabinet unsecured with the combination lock lying on top of the cabinet. Further observation revealed the cabinet contained one (1) can of Lysol IC Disinfectant, and one (1) container of Sani-Wipes.</p> <p>Observation on initial tour on 11/18/14 at 10:30 AM, of the LTC Unit shower room revealed the storage cabinet unsecured, and the cabinet contained a clear plastic spray bottle with clear liquid which was labeled "Bleach".</p> <p>Review of the facility's Material Safety Data Sheets (MSDS) for the McKesson Instant Hand Sanitizer revealed it contained Ethyl Alcohol, which if ingested might cause gastrointestinal irritation. Continued review of the MSDS for the Hand Sanitizer revealed it might be harmful if swallowed and if swallowed medical attention should be sought. Further review revealed, if inhaled could cause loss of consciousness.</p> <p>Review of the MSDS for the Dawnmist Shave Cream revealed the product contained butane and propane, and if swallowed the Poison Control Center should be called immediately. Further</p>	F 323		

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F 323	<p>Continued From page 9</p> <p>review revealed the product was not intended for ingestion, and eye contact occurred the product would cause irritation.</p> <p>Review of the MSDS for the Coloplast Micro-guard Antifungal Powder revealed it was not be inhaled as it was an inhalation hazard. Further review revealed to avoid ingestion and contact Poison Control immediately if it was ingested.</p> <p>Review of the MSDS for the Lysol IC Disinfectant Spray revealed the product was a hazard to humans and contained ethanol. Per the MSDS, if the product was ingested it could cause ethanol poisoning. Further review revealed to keep product the product securely closed and inaccessible to children. Additionally, the MSDS stated to avoid contact with eyes as the product was defined as a "Hazardous Chemical".</p> <p>Review of the MSDS for the Puricit Odor Eliminator revealed the product could cause irritation to eyes and skin. Further review revealed the product had the possibility to cause respiratory and/or central nervous system damage and contact Poison Control Center immediately if inhaled or ingested.</p> <p>Review of the MSDS for the Sani-Cloths revealed to avoid contact with eyes as the product could cause irreversible eye damage. Further review revealed to avoid contact with skin and keep out of the reach of children. Additionally if the product was inhaled, the Poison Control Center should be contacted immediately.</p> <p>Review of the MSDS for the Bleach in the spray bottle revealed product was corrosive and might</p>	F 323		

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F 323	<p>Continued From page 10</p> <p>burn eyes or cause irreversible eye damage if eye contact was made. Further review revealed the product was harmful if swallowed or inhaled, and if skin contact was made it might cause chemical burns.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #1 on 11/18/14 at 9:40 AM, revealed the storage cabinets in the shower rooms were supposed to be locked to keep residents safe.</p> <p>Interview with SRNA #2 on 11/18/14 at 10:00 AM, revealed she should have locked the cabinet in the shower room because the Sani-wipes could harm a resident.</p> <p>Interview with SRNA #3 on 11/18/14 at 10:30 AM, revealed the storage cabinet in the shower room should be locked because the Sani-wipes could harm a resident.</p> <p>Interview with SRNA #4 on 11/19/14 at 4:40 PM, revealed the cabinet in the shower room should be locked at all times. Further interview revealed the Lysol and other chemicals stored in the cabinets could harm residents.</p> <p>Interview with SRNA #5 on 11/20/14 at 9:06 AM, revealed the storage cabinet in the shower rooms were to be locked because the facility had wandering residents. Per interview, therefore the chemicals and razors stored in the cabinets could harm the wandering residents.</p> <p>Interview with SRNA #6 on 11/20/14 at 9:30 AM, revealed the storage cabinet in the shower room was to remain locked at all times so residents could not get into the cabinet and get the Lysol. Further interview revealed everything with a</p>	F 323		

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F 323	Continued From page 11 keypad or lock was supposed to be locked. Interview with Licensed Practical Nurse (LPN) #1 on 11/18/14 at 9:50 AM, revealed the storage cabinet should be locked because the Lysol spray could harm residents. Further interview revealed the shower aide was responsible to ensure the shower room cabinet stayed locked. Interview with LPN #2 on 11/18/14 at 2:35 PM, revealed the shower room cabinets were to be locked at all times, to prevent harm to residents. Interview with LPN #3 on 11/19/14 at 2:30 PM, revealed the storage cabinets in the shower rooms were supposed to be locked and the shower room door secured and not propped open. Continued interview revealed a resident could rummage through an unlocked cabinet and anything stored in it could potentially harm them. Additional interview revealed some of the resident from the LTC Unit hall wandered to the Rehab Unit at times. Interview with LPN #4 on 11/20/14 at 8:30 AM, revealed the storage cabinets in the shower rooms were supposed to be locked, as residents could drink a chemical stored there. LPN #4 stated this was a safety issue for residents. Interview with Housekeeper #2 on 11/18/14 at 11:30 AM, revealed the cabinet in the shower rooms with chemicals should be locked for resident safety. Interview with Unit Manager #1 on 11/20/14 at 11:50 AM, revealed the storage cabinet in the shower room should be locked at all times. Unit Manager #1 stated the chemicals stored in the	F 323			

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F 323	Continued From page 12 cabinets should never be left unlocked as residents could gain access to them. Interview with the Maintenance/Laundry/Housekeeping Director on 11/20/14 at 10:30 AM, revealed the storage cabinets in the shower rooms should be secured at all times to prevent residents from accessing the chemicals stored there. Interview with the Acting Director of Nursing (DON) on 11/18/14 at 3:35 PM and 11/20/14 at 2:45 PM revealed she was aware chemicals were found unsecured in the shower room cabinets on the State Surveyor's initial tour of the facility. The Acting DON stated she currently had the unit managers monitoring the shower rooms. Per interview, staff in-servicing had also been completed. Per interview, all cabinets in the shower rooms should be locked, so cognitively impaired residents could not access the chemicals stored in the cabinets and potentially be harmed. Further interview revealed the Rehab Unit shower room door should have been closed and not propped open. The Acting DON stated any door, such as the shower room door, with a keypad lock should be secured. Interview with the Administrator on 11/20/14 at 4:00 PM, revealed all cabinets in the shower rooms should be locked, so a resident didn't access the chemical, ingest it and be harmed. Further interview revealed his expectations were for all door with keypads, and cabinets with locks be secured to provide for the safety of all residents.	F 323			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	F 431			

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F 431	Continued From page 13 The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and review of the facility's policy, it was	F 431	F431 Drug Records, Labels/Store Drugs & Biological The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled Drugs and biological used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biological in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked permanently affixed compartments for storage of controlled drug listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.		

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F 431	<p>Continued From page 14</p> <p>determined the facility failed to ensure prescribed medication was secured and only authorized staff had access to it.</p> <p>Observation on initial tour of the Rehabilitation (Rehab) Unit shower room on 11/18/14, revealed the shower room door was unsecured and a bottle of Colonplast Anti-fungal two (2%) percent miconazole powder was unsecured on a shelf which was labeled with Unsampled Resident M's name.</p> <p>The findings include:</p> <p>Observation on initial tour of the Rehab Unit shower room on 11/18/14 at 9:35 AM, revealed a bottle of Colonplast Anti-fungal two (2%) percent miconazole powder (generic for Microguard powder) labeled with Unsampled Resident M's name unsecured on shelf in shower room. Further observation revealed the Rehab Unit shower door was propped open allowing access to the shower room from the hallway.</p> <p>Record review revealed the facility admitted Unsampled Resident M on 05/20/14, and discharged the resident on 06/13/14. Review of the Physician's Order dated 05/20/14 revealed an order for Microguard antifungal powder to be applied to his/her abdominal folds and breast every shift.</p> <p>Interview with Unit Manger #1 on 11/20/14 at 11:50 AM, revealed when a resident was discharged from the facility any medications were to be sent home with the resident or discarded. Unit Manager #1 indicated she was not aware Unsampled Resident M's antifungal powder was present in the shower room. Further interview</p>	F 431	<ol style="list-style-type: none"> 1. No residents were adversely affected from the alleged defibient practice. This is evidenced by completed general physical assessments on all in house residents which were silent to any new physical concerns due to the fungal powder of a discharged resident. 2. On 11/19/14, the Active Director of Nursing discarded the bottle of Colonplast Anti-Fungal two (2%) that was unsampled resident M. 3. On 11/18/14, the doors to the shower rooms on Memory Care Unit, Rehab Unit, and LTC Unit were immediately locked and secured by unit's Unit Managers. 4. On 11/18/14, a facility wide audit was completed on Memory Care Unit, LTC, and rehab shower room to assure all cabinets that housed chemicals were locked and shower doors were secured and locked by: Unit Managers, Maintenance Director Active Director of Nursing, and Administrator 5. On 11/19/14, the Memory Care Unit Manager, Rehab Unit Manager, and LTC Unit Manager conducted an audit of resident's personal items in shower room to assure: current resident items and to discard ordered powders or lotions. 6. All staff were in-serviced on 11/18, 11/19, and 11/20 on storage of hazardous chemicals and keeping shower rooms locked and secured, and to send powders and ointments home with discharged resident or to discard upon discharge pending MD orders by the Memory Care Unit Manager, Rehab Unit, Manager, LTC Unit Manager, and MDS nurses. 	
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F 431	Continued From page 15 revealed the Colonplast Anti-fungal two (2%) percent miconazole powder medication should not have been unsecured in shower room, it should of been sent home with the resident when he/she was discharged in June. Interview with the Acting Director of Nursing (DON) on 11/18/14 at 3:35 PM and on 11/20/14 at 2:45 PM, revealed she currently had the unit managers monitoring shower rooms, and had conducted in-servicing of staff regarding the shower rooms and items stored there. Per interview, Unsampled Resident M's antifungal medication should have been sent back to pharmacy or sent home with the resident when he/she was discharged on 06/13/14. Additionally, interview revealed medication should not have been in the Rehab Unit shower room unsecured. Interview with the Administrator on 11/20/14 at 4:00 PM, revealed the facility had been performing shower room audits weekly beginning on 05/06/14; however, the audits had been completed on a quarterly basis beginning 09/15/14. Further interview revealed medication should not have been unsecured in a shower room.	F 431	7. A QA will be conducted by Memory Care Unit Manager, Rehab Unit Manager, and LTC Unit Manager or designee, the Director of Nursing, daily on chemicals are locked in cabinet in shower room when not in use, shower room door is secured and locked, to assure that shower chairs and shower bed are free from tears and cracks, that tile and grout are free of any substance, and to assure ointments or powders are discarded or sent home with discharged residents Duration is daily until 1/31/15 than 2 times a week for 3 months than weekly until 100% compliance is met. 8. The Administrator will ensure compliance. Alleged Date of Compliance: 12/22/14		
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control	F 441	F441 Infection Control, Prevent Spread, Linens The facility must establish and maintain an Infection Control Program designated to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program		

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F 441 Continued From page 16
Program under which it -
(1) Investigates, controls, and prevents infections in the facility;
(2) Decides what procedures, such as isolation, should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and review of the facility's Resident's Rights and policy, it was determined the facility failed to maintain an Infection Control Program in order to provide a safe, sanitary and comfortable environment and to help prevent, recognize and control to the extent possible, the onset and spread of infection within the facility.

F 441
The facility must establish an Infection Control Program under which it-

(1) Investigates, controls, and prevents infections in the facility.
(2) Decides what procedures, such as isolation should be applied to an individual resident; and
(3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing the spread of Infection
(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease
(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

1. No residents were adversely affected from the alleged deficient practice as evidenced by the facility did not have any current infections on lower extremities due to e-coli, residents within the facility with active infections were unrelated to the deficient practice as determined by the resident's history, treatment and root cause analysis.

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F 441	Continued From page 17 Observation on initial tour of the facility revealed three (3) of three (3) shower rooms contained visible feces in the rooms, and in one (1) shower room, the shower table mat contained an approximate ten (10) inch cut in the pad. The findings include: Review of the facility's policy titled, "Infection Control", undated, revealed the facility was to maintain a safe, sanitary and comfortable environment and to help prevent and manage transmission of diseases and infections. The Policy revealed the facility would implement the policy by monitoring and tracking infections and corrective actions to its infection practices. Continued review revealed the Infection Control Committee would oversee the implementation of infection control policies and practices and ensure they were implemented and followed. Additionally, review revealed all staff were to be trained on infection control on hire and periodically thereafter. Review of the Resident's Rights, undated, revealed all residents had the right to safe, clean and comfortable surroundings. Review of the facility's, "Principles of Sanitation and Disinfection", undated, revealed all areas to be disinfected must be cleaned first, to control infections. Per the Principles, staff must control the environment of the residents. Observation on 11/18/14 of the Rehabilitation (Rehab) Unit at 9:35 AM, the Memory Care Unit at 9:50 AM and the Long Term Care (LTC) Unit at 10:30 AM, shower rooms revealed: the Rehab	F 441	2. The (3) washcloths in the Rehab shower room were immediately removed from shower room and area sanitized on 11/18/14 by STNA. The brown substance was removed from floor on the MC Unit and sanitized immediately on 11/18/14 by STNA, and the brown substance was removed from shower chair on LTC immediately on 11/18/14 by STNA. 3. On 11/19 the shower bed was removed from the LTC shower room by the Maintenance Director. On 11/19/14 Central Supply ordered a shower table pad. A second shower table pad was ordered on 11/20/14 by central supply. 4. On 11/18/14, staff was in-serviced on infection control and reporting repairs was conducted by MC unit manager, Rehab Unit Manager, and LTC Unit Manager. 5) A facility wide audit was conducted by Maintenance Director, Active Director of Nursing, and Administrator on 11/19, 11/20, 11/21 on all equipment were free from tears or damage and cleanliness of shower rooms. 6) A QA will be conducted by Memory Care Unit Manager, Rehab Unit Manager, and LTC Unit Manager or designee, the Director of Nursing, daily on chemicals are locked in cabinet in shower room when not in use, shower room door is secured and locked, to assure that shower chairs and shower bed are free from tears and cracks, that tile and grout are free of any substance, and to assure ointments or powders are discarded or sent home with discharged residents Duration is daily until 1/31/15 than 2 times a week for 3 months than weekly until 100% compliance is met. 7) The Administrator will ensure compliance. Alleged Date of Compliance: 12/22/14		

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F 441	<p>Continued From page 18</p> <p>Unit shower room contained three (3) washcloths with feces lying in the corner on the floor of the middle shower stall; the Memory Care Unit shower room had light brown feces noted smeared on the tile floor in the middle stall; and the LTC Unit shower room had dark brown feces observed on the seat of the shower chair. Continued observation of the LTC Unit shower room revealed the shower table pad had an approximate ten (10) inch cut, near the flap of the pad. Further observation of the LTC Unit shower room on 11/19/14 at 8:35 AM revealed the shower table pad remained cracked and open.</p> <p>Interview with State Registered Nursing Assistant (SRNA) #1 on 11/18/14 at 9:40 AM and SRNA #4 on 11/19/14 at 4:40 PM, revealed washcloths with feces should not have been left on floor in the Rehab Unit shower stall. SRNA #1 stated soiled washcloths were supposed to be placed in a plastic bag and taken to the soiled utility room and the floor disinfected by housekeeping. SRNA #4 revealed washcloths with feces on them could cause transmission of an infection if left on the floor and the area not sanitized. Per interview, staff were trained on infection control in orientation.</p> <p>Interview with SRNA #2 on 11/18/14 at 10:00 AM, revealed the shower aide or SRNA giving the shower was responsible to clean up feces on the shower room floor or on the shower chair after a shower done. Per interview she should have cleaned up the shower room floor after giving a resident a shower. Continued interview revealed other residents could get an infection from feces being left on the floor or shower chairs. She stated staff had just had training on infection control last week.</p>	F 441			

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F 441 Continued From page 19

Interview with SRNA #3 on 11/18/14 at 10:30 AM, revealed each unit usually had a shower aide, and if feces were left in the shower room on the floor or chair the shower aide was responsible for cleaning it up. Per interview, the shower table was used for residents; however, she was not aware the shower pad was cracked or torn. Continued interview revealed she had not seen the dried feces on the shower chair. She stated if feces were present after a shower was completed, it should have been cleaned up, and the area disinfected for infection control reasons.

Interview with SRNA #5 on 11/20/14 at 9:05 AM, revealed the cracked shower table pad should have been reported for safety issues and infection control reasons. SRNA #5 revealed the shower table pad was cleaned with Sani-wipes between residents. Continued interview revealed feces on the floors and washcloths with feces on them should have been cleaned up immediately after showers were given. Per interview, residents stand on the shower floor and it was considered an infection control concern if feces were present.

Interview with SRNA #6 on 11/20/14 at 9:30 AM, revealed she would report the cracked shower table pad as a resident could get a skin tear or bacteria from the pad. Per interview, feces on the floor should be cleaned up as soon as possible after a shower was completed, and washcloths with feces on them should never be left on the floor. Continued interview revealed she had seen wash cloths on the floor before, picked them up, placed them in a plastic bag and took them to the soiled utility room, then sanitized the area where they had been left. She reported a "handful" of

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F 441 Continued From page 20
the facility's residents stood in the shower and if feces were left there it was a contamination issue and bacteria could be spread.

Interview on 11/18/14 at 9:50 AM with Licensed Practical Nurse (LPN) #1, revealed washcloths with feces on them should have been placed in a bag and taken to the laundry after they were rinsed out in the hopper room. Per interview the soiled washcloths should not have been left on the floor, as this was an infection control concern.

Interview with LPN #2 on 11/18/14 at 2:35 PM, revealed feces should be cleaned up by the SRNA giving the shower, then housekeeping called to come and disinfect the area. Further interview revealed feces left in the shower room area was an infection control issue.

Interview with LPN #3 on 11/19/14 at 2:30 PM, revealed SRNAs were to clean up any feces first, and then call housekeeping to disinfect the area. Per interview, washcloths should not have been left lying on the floor of the shower room, as that was an infection control issue and transmission to other residents could occur who used the showers afterwards. Continued interview revealed LPN # 3 did rounds every two (2) hours to make sure tasks were being completed by SRNAs and any issues addressed.

Interview with LPN #4 on 11/20/14 at 8:30 AM, revealed washcloths with feces on them should not have been left on the shower room floor. Per interview, the washcloths should have been placed in a plastic bag and put in the soiled utility room for infection control reasons. Further interview revealed SRNAs or housekeeping should then sanitize the area.

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F 441	Continued From page 21	F 441		
	<p>Interview with Housekeeping Aide #2 on 11/18/14 at 11:30 AM, revealed housekeeping staff cleaned the shower rooms once a day, and if it needed disinfecting the SRNAs would call them to do this. Further interview revealed the SRNAs cleaned up any body fluids first, then housekeeping staff disinfected the area involved.</p>			
	<p>Interview with the Housekeeping Supervisor on 11/20/14 at 1:25 PM, revealed housekeeping staff cleaned the shower rooms daily, and if feces were observed housekeeping staff would notify nursing to clean and then her department would disinfect the area. Per interview, her expectations were for nursing to clean up feces and notify housekeeping to sanitize the area involved afterwards. Continued interview revealed housekeeping staff checked the shower table pad and disinfected it with Lysol spray. The Supervisor stated she expected her staff to report any areas on the shower table pad which were cracked as this was a safety and infection control issue for residents.</p>			
	<p>Interview with the Maintenance/Housekeeping/Laundry Director on 11/20/14 at 10:30 AM, revealed the shower table pad should not have been left in service for resident use. He stated he assumed it would have been taken out of service when the cracks were observed. Per interview, it was a hazard and infection control concern for the facility's residents. Continued interview revealed he had done audits on the shower rooms utilizing a checklist which listed shower beds and shower chairs were clean; however, the audit tool had no reference to the torn shower table pad.</p>			

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F 441	<p>Continued From page 22</p> <p>Interview with the Infection Control (IC)/Clinical Nurse Coordinator (CNC) on 11/20/14 at 2:45 PM, revealed she did daily rounds to monitor infection control practices throughout the facility; however, she was unable to provide documented evidence the rounds were done. Further review revealed an infection control in-service was done on 11/13/14 by "corporate", but she was unsure if the training was effective.</p> <p>Interview, on 11/18/14 at 2:45 PM and on 11/20/14 at 3:35 PM, with the Acting Director of Nursing (DON) revealed prior to 11/18/14 she was not checking shower rooms, but since 11/18/14, after the State Surveyor entered, the unit managers were monitoring shower rooms for cleanliness. She stated an in-service had also been completed. Per interview, the feces left on the floor and shower chair, the washcloths with feces lying on the shower room floor, and the cracked shower table pad were all infection control issues and she didn't have an answer as to why the shower rooms were left in that condition. Continued interview revealed audits were done after 2/20/14, to monitor for: towels being left; for feces being left; for hazards; and for broken equipment.</p> <p>Interview, on 11/20/14 at 4:00 PM, with the Administrator revealed his expectation was for staff to clean up the fecal material after each shower and housekeeping to do a thorough disinfecting of the affected area to ensure infection control and decrease the transmission of diseases. Per interview, he did not review the shower mat audits as the DON was responsible for those audits. The Administrator stated he would expect the DON to report to him any issues noted. Continued interview revealed the facility's</p>	F 441		

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Quality Assurance (QA) Committee was lead by him, and the formal method used to identify issues was through the auditing process. He stated currently audits were being performed monthly; however, he guessed the facility needed to go back to weekly audits.

F 441

F 520 483.75(o)(1) QAA
SS=F COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS

F 520

F 520 483.75(o)(1) QAA
COMMITTEE MEMBERS/MEET QUARTERLY/PLAN

A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.

The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.

A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

This REQUIREMENT is not met as evidenced by:

1. There were no negative outcomes to any resident as a result of the QA committee/Quality Assessment program not developing and implementing plans of action to correct quality deficiencies. This was evidenced by individual resident interviews and physical assessments which were silent to any new physical or psychosocial concerns.
2. There were no negative outcomes to any resident as a result of the shower room's grout having a dark brownish black substance in them and also no negative outcomes from the broken or missing tiles. This was evidenced by individual resident interviews and physical assessments which were silent to any new physical or psychosocial concerns.
3. There were no negative outcomes from an antifungal powder lying on a shelf in the shower room and from dried feces on the shower chair and wash cloths on the floor.

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F 520	<p>Continued From page 24</p> <p>Based on observation, interview and review of the facility's policies, it was determined the facility failed to maintain a Quality Assessment and Assurance (QA) program which developed and implemented plans of actions to correct quality deficiencies.</p> <p>This was evidenced by repeat deficiencies related to the facility's continued failure to ensure the residents' environment was safe, clean and comfortable, failure to ensure the storage of drugs and biological in a secure manner; and failure to ensure proper infection control practices were implemented. Observations during the current survey revealed: the facility's shower rooms contained a brownish black substance on the grout between tiles (see F253); Unsampled Resident M's antifungal powder lying unsecured on a shelf in a shower room with the shower room door propped open leading to the hallway (see F431); and shower rooms observed to have dried feces on the shower chair and floor and washcloths with feces on them lying on the shower room floor (see F441).</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Review of the facility's Plan of Correction (POC), from the Standard Survey conducted 02/18/14 through 02/20/14, with a compliance date of 03/14/14, for F252 revealed a house-wide in-service was completed regarding the reporting to maintenance of the need for repairs. The POC revealed cracked/broken/missing tiles in shower rooms were replaced on 02/20/14. Continued review of the POC revealed the monitoring for cleanliness and orderliness of shower rooms and maintenance required and performed was to be performed by the Environmental Services 	F 520	<ol style="list-style-type: none"> a. A house wide in-service was conducted on 11/18/14, 11/19,2014 and 11/20/14 by the Acting Director of Nursing and Nurse Managers on the proper procedure for reporting maintenance concerns or the need for service repairs, reporting hazard conditions and/or the need for equipment repair to the proper personnel. The in-service was provided to all nursing staff, environmental services staff, activities and dietary staff. b. The cracked, missing, broken tiles were replaced by the maintenance director on the Memory Care Unit on the columnar wall divider area at the base of shower stall #2 and in the Long Term Care unit shower room in shower stall #2 on 11/18/14 and 11/19/14. c. The grout was thoroughly cleaned by the housekeeping supervisor and was without brownish black substances on, 11/18/14 and 11/19/14 in all shower stalls on all units. d. On 11/19/14 a house-wide audit was conducted by the Administrator on all shower rooms to ensure that there were no other areas of broken, cracked or missing tile. e. On 11/19/14 a house-wide audit was conducted by the Administrator on all shower rooms to ensure that there were no areas on the tile that contained a brownish black substance within the grout. 	
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F 520 Continued From page 25
Director on the following schedule: daily for months one (1) and two (2); weekly for months three (3) through six (6); and quarterly thereafter forever. Further review of the POC revealed the monitoring results were to be reported to the Administrator by the Environmental Service Director and kept on file. In addition, the POC revealed all the audits would be reviewed by the facility's Quality Assurance (QA) Committee at the end of each month, and analyzed by the Committee at the quarterly QA meeting.

Review of the facility's environmental audits revealed no documented evidence of any issue noted, even though the audit tool which was used by the Maintenance Director noted whether shower beds and shower chairs were clean, and walls and tile clean. Further review revealed no documented evidence the brownish black substance on the grout lines between the tiles was addressed on the audit tool.

However, observation on 11/18/14 during the initial tour revealed the facility's shower rooms contained a brownish black substance on the grout lines between the tiles, and broken or missing tiles.

Interview with State Registered Nursing Assistants (SRNAs), Licensed Practical Nurses (LPNs) and housekeeping staff revealed the grout was cleaned by housekeeping; however, continued to have the brownish black substance on it.

Interview with the Maintenance /Housekeeping/Laundry Director on 11/20/14 at 10:30 AM, revealed during the maintenance audits he conducted, he apparently missed or

F 520

- f. A QA for continuously monitoring cleanliness and orderliness of Shower rooms were initiated on 11/21/14 and will be done daily until January 31st, 2015 by the Unit Managers and the Director of Housekeeping and then twice a week for 3 months by the Unit Managers and Director of Housekeeping and then weekly thereafter by the Unit Mangers and the Director of Housekeeping until 100% compliant. The in-service for this audit was done by the Administrator
- g. Although a detailed schedule was used by the environmental staff on what needed to be completed while cleaning the shower rooms, a policy was instituted on the process and all housekeepers were educated on the policy on 12/15/14.
- h. The shower room auditing tool was revamped to include monitoring the cleanliness of the grout and monitoring for broken, cracked or missing tile and also the cleanliness of the shower chairs.
- i. There were no negative outcomes to any resident neither as a result of the shower rooms having cracked, broken or missing tiles nor from a dark brownish black substance in the grout of tiles in the shower rooms.

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F 520	<p>Continued From page 26</p> <p>overlooked the broken tiles and brownish/black substance in the grout lines. Per interview, during the audit period few consistence problems were noted, and he would ensure staff did two (2) rounds a day now. Continued interview revealed all audit results were forwarded to Administrator for review.</p> <p>2. Continued review of the POC, with the compliance date of 03/14/14, for F431 revealed the facility's central supply room and all medication/supply closets were audited on 02/20/14 by the Director of Nursing (DON), and the Unit Managers for the LTC, Rehab and Memory Care Units to assure no outdated supplies or medications was being stored, as well as, no medication was being stored inappropriately and unsecured. The POC revealed the facility's licensed nursing staff was in-serviced on the facility's medication storage policy. Per the POC, QA audits would be conducted by DON on supply and medication storage every week for (12) weeks to ensure no expired medications were present or any medication was inappropriately stored. Review of the POC revealed the Administrator would ensure compliance by checking and monitoring the audits conducted at each quarterly QA Committee meeting for further review, and ensure the audit results were reviewed, analyzed and utilized to ensure compliance.</p> <p>However, observation during the initial tour of the facility during the current survey revealed Unsamped Resident M's prescribed antifungal treatment medication lying on a shelf in the Rehab Unit's shower room. Record review revealed the facility discharged Unsamped Resident M on 06/13/14.</p>	F 520	<p>j. The QA sheets will be given to the Administrator by the housekeeping/laundry supervisor and kept on file. Any issues noted will be addressed immediately by the staff. The Administrator will review the audit sheets and address any issues noted as soon as possible. The audits will be reviewed by the QA committee at the quarterly meeting and analyzed for compliance.</p> <p>k. The Administrator will ensure continued compliance.</p> <p>Alleged Date of Compliance: 12/22/14</p>

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F 520	Continued From page 27 Interview with the Unit Manager revealed the antifungal powder should not have been left unsecured in the unlocked shower room. Interview with the Acting Director of Nursing (DON) on 11/18/14 at 3:35 PM and 11/20/14 at 2:45 PM, revealed Unsampld Resident M's antifungal medication should not have been stored unsecured in the unlocked resident shower room. Per interview, the medication should have been sent back to pharmacy or sent home with the resident upon discharged in 06/13/14. Additionally, she stated she now had her Unit Managers monitoring the shower rooms, and she had conducted in-servicing of staff regarding this issue. 3. Further review of the POC revealed the torn shower table pad was removed from the shower room and placed in storage, and a new shower table pad was ordered on 02/19/14 which arrived and was placed on the shower table on 02/20/14. The POC revealed a facility wide audit was conducted to observe equipment, and provision of resident care by staff to ensure all equipment was functional and free from tears or damage. Continued POC review revealed audits were conducted by making rounds on three (3) residents areas three (3) times a week for twelve (12) weeks to monitor and observe the residents' environment to ensure the infection control policy was being followed by staff. Per the POC, the Administrator was to ensure compliance by checking and monitoring, the results of the audits performed, at the end of each month. The Administrator was to bring the audit results to the facility's QA Committee quarterly for further review, at which time the audit results would be	F 520			

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F 520 Continued From page 28 reviewed, analyzed and utilized to ensure compliance.

However, observation during the initial tour of the facility revealed the Rehab Unit, Memory Care Unit and LTC Unit shower rooms were observed to have dried feces on the shower chair, three (3) washcloths with feces on them lying on the floor, and feces noted on the shower stall floor. Additionally, observations revealed in one (1) shower room, the shower table mat contained an approximate ten (10) inch cut/tear in the pad.

Interviews with SRNAs, LPNs, RNs and housekeeping staff revealed washcloths with feces on them should not be left lying on the floor and feces on the shower chair and floor should be cleaned up by nursing staff and sanitized by housekeeping staff. Interview with SRNAs, LPNs and maintenance staff revealed the shower table mat with the approximate ten (10) inch cut in it should not be used for residents as it was a potential infection control issue.

Interview with the Acting Director of Nursing (DON) on 11/18/14 at 3:35 PM and 11/20/14 at 2:45 PM, revealed the facility currently had different Unit Managers in place, than when the previous POC was implemented. She stated the facility also had a new Environmental Service Manager hired to help with the environmental rounds. Continued interview revealed she had the Unit Managers monitoring the shower rooms for unsecured medications, infection control issues and environmental issues. Per interview, she had in-serviced staff regarding the identified concerns.

Interview with the Administrator, who was the QA

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F 520 Continued From page 29
Committee Facilitator on 11/20/14 at 4:00 PM revealed the facility's formal method used to identify issues was through the auditing process, with discussion performed to review the need to continue audits to ensure the plans of correction were effective. Interview revealed no resident's medication should have been stored unsecured in a shower room. Per interview, the facility was auditing the shower table pad, and he expected the results of the audit would have been reported to him with any identified concerns. Continued interview revealed quarterly audits were started on 09/15/14; however, he stated the facility apparently needed to go back to performing weekly audits.

F 520